

**Hamilton County Park District
Adventure Outpost Medical Record**

PARENTS – If your child has any special needs, or will require special attention at camp, this form must be returned to us at least 1 week prior to your child’s first day of camp. If this does not apply, then all forms must be completed and returned to the Adventure Outpost staff on the first day of camp.

We cannot allow your child to stay at camp if we do not have the completed medical information forms.

Please print

Camper’s Name _____ Date of Birth _____

Address _____ City/ State/ Zip _____

_____ Home Phone Number _____

Parent (or Guardian)
name _____

Address _____ City/ State/ Zip _____

_____ Home Phone Number _____

Work Phone _____ Cell Phone _____

Hospitalization
Insurance _____

Policy or member’s
number _____

Name of Child’s Physician _____ Phone _____

Name of Child’s Dentist _____ Phone _____

Date of last health examination _____ Date of last Tetanus shot _____

EMERGENCY CONTACTS (Other than home):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I DO/ DO NOT give my permission for the adult in charge to give my child,
_____, simple first aid of necessary.

Signature _____ Date _____
Parent or Guardian

In case of emergency, I DO / DO NOT give my permission for my child,
_____, to be taken to the nearest doctor or hospital.

Signature _____ Date _____
Parent or Guardian

Please list any health conditions or allergies to food, plants, insect bites or stings or medicines:

* Please Note: The Park District Staff and Volunteers can not keep medicine for a child nor dispense medicine to a child. You must complete the following section whether or not your child will be on medication.

Parents may stop by during a camp to administer medication to their child, and are encouraged to do so rather than allowing a child to medicate themselves. If you intend for your child to self-medicate: medicine must be in the original container with the prescription information on it.

Camper's Name

PLEASE CHECK ONE

_____ My child will not be taking medication while at camp.

_____ I will stop by camp to medicate my child.

_____ My child has permission to medicate himself/herself while at camp.

_____ My child will be under the influence of the medication described below,
but will not require dosages while at camp.

Medication description (include the time of day medicine is required)

Is there anything else we should know about your
child? _____

Signature _____

Date _____

Parent or Guardian